

**IN THE SUPERIOR COURT OF DEKALB COUNTY
STATE OF GEORGIA**

JAB

TOMMIE F. WEDLOWE,
Plaintiff,

vs.

**SENTRY SELECT INSURANCE
COMPANY, FAST LANE CARRIERS,
LLC., and NIJAZ IBRISEVIC,**
Defendants.

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Civil Action No. 22CV10700

DEFENDANT'S FIRST INTERROGATORIES TO PLAINTIFF

To: Tommie F. Wedlowe
c/o Joe Morris, III
N. John Bey
BEY & ASSOCIATES, LLC
191 Peachtree St. NE, Suite 3200
Atlanta, GA 30303

Pursuant to O.C.G.A. § 9-11-33, you are hereby required to answer the following Interrogatories, separately and fully in writing under oath, within thirty (30) days of service thereof in the form provided by law. These Interrogatories are continuing in nature, requiring a supplemental response upon the discovery of other or further information or documents affecting your response hereto.

In answering the following interrogatories, you are requested to give full and complete answers based upon your personal knowledge as well as that of agents, employees, investigators or attorneys who may have obtained information in your behalf.

As used herein the terms "**you**" and "**your**" shall refer the Plaintiff in the present lawsuit.

As used herein the term "**Defendant**" shall refer to Fast Lane Carriers, LLC.

1.

State your full name, current address, date of birth and the last four numbers of your social security number.

2.

If you are married, please state your spouse's full name, the length of your marriage, and whether you have previously been married. In the event you have previously been married, please

EXHIBIT "7"

state the full name of your former spouse(s) and the reason for the termination of each previous marriage. If you have any children, please state their full name(s) and age(s).

3.

In the event you have ever been convicted of any crime that was a felony, any crime involving moral turpitude and/or any crime involving dishonesty, state the date and place of the arrest, describe the charges made and the plea entered, identify the court involved, and state the date of any conviction.

4.

If you were ever a plaintiff or a defendant in a lawsuit of any kind prior to or subsequent to this litigation, identify the names of the parties, the court in which the action was filed, the year the action was filed, and a summary of the allegations made in the lawsuit.

5.

If you ever filed bankruptcy prior to or subsequent to the subject incident or occurrence at issue in the present lawsuit, state the type of bankruptcy case filed, the federal district and venue in which the bankruptcy case was filed, the year the bankruptcy case was filed, and whether the case is still open or closed.

6.

If you have ever made any other claim for personal or bodily injury, state the following:

- (a) The nature of each such claim;
- (b) The year in which the claim was made;
- (c) The name of the person, firm or corporation against whom the claim was made;
and
- (d) The outcome of such claim.

7.

In connection with your claims in the present lawsuit against Defendant, state each thing that you contend that Defendant did or did not do that was a breach of duty to you or otherwise wrongful and/or which you contend caused, contributed to or brought about the injuries, harm or damage for which you are seeking compensation in the present lawsuit.

8.

Had you consumed any alcohol or prescription or non-prescription drugs in the 24-hour period preceding the subject incident(s)? If so, state the type and quantity, approximate time(s) and location(s) of any such consumption.

9.

In connection with your claims in the present lawsuit against the Defendant, identify any persons who witnessed or otherwise have personal knowledge of any alleged wrongful acts or omissions, or breach of duty by the Defendant.

10.

In connection with your claims in the present lawsuit against the Defendant, identify any documents, things or physical evidence which in any way evidences or supports your contentions of any wrongful acts or omissions, or breach of duty by the Defendant.

11.

State whether you are aware of any photographs, audio recordings, videos or other recordings or depictions that evidence or reflect any of the matters at issue in the present lawsuit, and if so, state what they depict, record or reflect, and identify who has possession or custody of such photographs, recordings, videos or other depictions.

12.

List and describe every item of damage, loss or harm which you are claiming that the Defendant is liable to you for in connection with your claims in this lawsuit.

13.

List and itemize all expenses and special damages which you are seeking to recover from the Defendant in this lawsuit.

14.

As to any injuries or medical conditions that you claim resulted from the subject incident or occurrence at issue in the present lawsuit, list and describe each injury and condition, including a description of the part(s) of the body involved, and state when you first became aware of each such injury or condition.

15.

If, prior to or subsequent to the incident complained of in the present lawsuit, you have ever sustained or experienced an injury or medical condition the same as or similar to the injury(ies) and/or medical condition(s) which you are claiming in the present lawsuit, identify and describe such injury(ies) and/or medical condition(s), stating when, where and how such injury(ies) and/or medical condition(s) was/were sustained or experienced, describe any medical care or treatment that resulted and identify the provider(s) of such care or treatment.

16.

In the event you have ever made a claim for bodily injury of any kind (including insurance

claims, tort claims and claims for workers compensation) against any person, firm, corporation or any insurance company, describe the type of claim made, describe the nature of the injury claimed, state when such claim was made and identify the person or company against whom/which the claim was made.

17.

As to any healthcare, including diagnosis and/or treatment, that you have received for any injuries or medical conditions for which recovery is sought in the present lawsuit, state the following:

- (a) The name and address of each hospital, physician, surgeon or other practitioner of any healing art who has provided the healthcare; and
- (b) The dates of the first visit and last visits and the approximate total number of visits with each healthcare provider.

18.

Identify each of your employers for the ten-year period up to the present time, and as to each such employment position, state the approximate dates of employment and your job title or job description.

19.

If you have missed any work or lost any wages or other compensation as a result of the subject incident or occurrence at issue in the present lawsuit, state the date(s) you were absent from work, the total number of hours or days missed or lost, and the amount(s) of any wage or other compensation loss for which you are seeking a recovery from the Defendant in the present lawsuit.

20.

If there is any activity which you could engage in before the subject incident or occurrence at issue in the present lawsuit, but which as a result of the injuries received in the subject incident or occurrence at issue in the present lawsuit, you cannot engage in now, please give a description of each such activity and in what way(s) you are now prevented or restricted from participating in or doing such activity.

21.

As to any healthcare, including diagnosis and/or treatment, you have received within the five (5) year period preceding the subject incident or occurrence at issue in the present lawsuit, state:

- (a) The name and address of each and every hospital, physician, surgeon or other practitioner of any healing art which/who provided the healthcare;

- (b) As to each provider, the date or time frame in which such healthcare occurred;
- and
- (c) The reason(s) for such healthcare.

22.

Do you contend that the Defendant and/or any of their/its, employees or contractors made any verbal, written or recorded statement at any time which supports or tends to support any of your claims in this lawsuit? If so, identify who made the statement; state when and where it was made; identify who was present when it was made; state the form of the statement (i.e., oral, written or recorded), and state the substance of the statement.

23.

State whether you are aware of any statements, either oral, written or recorded, of any person(s) which concern any of the matters at issue in this lawsuit or any matter of resulting damages or causation, giving as to each statement the name of the person making the statement, the date of such statement, the form of the statement (i.e., oral, written or recorded), and the name and address of any person having copies, transcripts or summaries of such statements.

24.

Identify all persons with knowledge of facts which prove or tend to prove the nature, extent and/or amount of any damages you are claiming in the present lawsuit.

25.

State the name and address of each person you expect to call as an expert witness at the trial in this case and as to each such witness, state the subject matter upon which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify and a summary of the grounds for the opinions of such expert.

26.

If you allege that you are entitled to recover punitive damages, any penalties, expenses of litigation and/or attorney fees from the Defendant, state the following:

- (a) The facts upon which you base such allegations;
- (b) The name, address, telephone number and employer of each person who is or was a witness to any fact, incident, occurrence, act or omission which is a basis of such allegations;
- and
- (c) An identification and description of each document, record or writing which evidences or supports the factual basis for such allegations.

27.

State whether you are eligible to receive or have received any benefits or payments from any source compensating or reimbursing you in full or in part for any damage, harm or loss for which you are seeking damages from the Defendant in the present lawsuit, giving a description of such benefits or payments and an identification of the provider or payer of such benefits or payments.

28.

Are you required to repay any of the benefits or payments referred in the foregoing interrogatory or do any of the providers or payers of such benefits or payments claim a right of reimbursement or subrogation? If so, describe the nature of the claim or right and identify any documents concerning or reflecting same.

29.

Did the incident or occurrence at issue in this lawsuit arise out of and in the course of your employment, while you were performing any duties for or on behalf of your employer or has any claim or notice of injury been filed or made with or to your employer, your employer's insurer, or the State Board of Workers Compensation as a result of the subject incident or occurrence? If so, identify the employer, and the employer's insurer, if any, and provide the case number and claim number relating to any such claim.

30.

Identify and describe any agreements entered into by you or on your behalf with any of your medical care providers concerning payment of any medical expenses incurred by you or on your behalf in connection with any injuries or treatment at issue in this lawsuit.

31.

Identify and describe any agreements entered into by you or on your behalf with any person or entity providing funding for any medical expenses incurred by you or on your behalf in connection with any injuries or treatment at issue in this lawsuit.

32.

Have you ever applied for Social Security or any other disability benefits? If so, state:

- (1) The nature of the claimed disability;
- (2) Approximately when the application was made;
- (3) Whether benefits were granted; and
- (3) If benefits were denied, whether you appealed or are you appealing the decision.

33.

At the time of the incident or occurrence at issue in this lawsuit or at any point subsequent to such incident or occurrence, were you eligible to receive Medicare or Medicaid benefits? If so, state:

- (1) Whether Medicare or Medicaid has paid any such benefits to you or on your behalf;
- (2) Whether Medicare or Medicaid has informed you that they are seeking subrogation or any other type of reimbursement for benefits paid to you or on your behalf;
- (3) Whether you have made any agreements with Medicare or Medicaid to repay any amounts sought by Medicare or Medicaid; and
- (4) Your Medicare number or Medicaid health insurance number.

34.

Identify the State issuing and the license number for any motor vehicle driver's or operator's license(s) which you hold, and describe any restrictions on such license(s).

35.

If you had a cell phone in your possession at the time of the subject incident or occurrence at issue in the present lawsuit, state whether it was in use at the time of the incident or occurrence, state the phone number, identify the service provider and identify the person listed with the provider as the account holder.

36.

To the extent not already described in response to the foregoing interrogatories, state the name, address, telephone number, employer and relationship to you, if any, of any person, who to your knowledge, information or belief has knowledge or information as to any of the factual bases for your liability claims against the Defendant in this lawsuit.

37.

To the extent not already described in response to the foregoing interrogatories, identify and describe all documents, things or other physical evidence which supports, proves or tends to prove your liability claims against the Defendant in this lawsuit.

38.

Identify and describe any other documentary or physical evidence, not identified in response to the foregoing interrogatories, which is relevant to any material issue in this case or which might lead to the discovery of other admissible evidence.

This 12th day of January, 2023.

FAIN MAJOR & BRENNAN, P.C.

/s/ James W. Hardee

JAMES W. HARDEE
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DALE C. RAY, JR.
Georgia Bar No. 596095
Counsel for Defendants

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LLC., and NIJAZ IBRISEVIC,**
Defendants.

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Civil Action No. 22CV10700

CERTIFICATE OF SERVICE

This is to certify that I have this date served upon counsel for the opposing parties in the foregoing matter a copy of the **Defendant Fast Lane Carriers, LLC's First Interrogatories Plaintiff** electronically via Odyssey eFileGA, via statutory electronic service, or by placing same in the United States Mail, postage prepaid, addressed as follows:

Joe Morris, III
N. John Bey
BEY & ASSOCIATES, LLC
191 Peachtree St. NE, Suite 3200
Atlanta, GA 30303
john@beyandassociates.com
joe@beyandassociates.com

This 12th day of January, 2023.

FAIN MAJOR & BRENNAN, P.C.

/s/ James W. Hardee

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DALE C. RAY, JR.
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